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# Weekly Bulletin



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GUY P. JONES  
EDITOR

## Getting Good Water Along Country Roads.

The annual automobile exodus has already begun in California. The first sign of spring brings out the eager tourist—one of our most ready acquirers and disseminators of typhoid fever. We can not blame the tourist for the local conditions that cause him to contract the disease, but we can well charge him with the duty, both personal and public, of using discrimination in his selection of drinking water. To drink from any roadside stream is a hazardous undertaking. It is because of carelessness in this matter that many persons return to their city homes, after a vacation in the country, bringing well defined cases of typhoid fever with them.

The time will come, undoubtedly, when certified safe supplies of drinking water will be made available at frequent intervals along state highways. At the present time, local health officers in rural districts are often unable to accomplish any results in safeguarding roadside water supplies, for the reason that they have no funds and no facilities for determining the safety of water sources. It is a fact that roadside springs and wells which formerly supplied single families with water now furnish drinking water to countless numbers of passersby. Lunch rooms, gasoline stations, resorts and wayside hotels provide drinking water to large numbers of tourists. A contaminated source, at any of these roadside stations might cause disease in large numbers of individuals who reside in widely scattered communities. Someone

must be made responsible for the safety of these roadside supplies. In Ohio there are a large number of strong county health organizations, each of which has a local laboratory under state supervision. These county units are able to exercise a certain degree of supervision over roadside water supplies. In half a dozen California counties there are full-time county health organizations that might be able to assume control over all roadside supplies. Unfortunately, however, there are fifty other counties in the state that are unequipped for undertaking so large an undertaking. It is probably true that most contaminated roadside supplies are not found on the main highways but are more often encountered off the main arteries of travel, on roads, however, that are heavily traveled during the typhoid season. How to find these supplies and how to make them safe constitutes a problem that should be of interest to every tourist. Every vacationist should be able to obtain a supply of pure drinking water wherever he may go, but at the present time he is unable to determine the safety of any supply other than that provided by municipalities and water companies. These purveyors can not afford to furnish other than a pure supply.

This problem is not confined to California, alone. Many other states are engaged in attempts at its solution. If every county could provide the necessary service for determining the safety of roadside supplies, the matter could be taken care of. The state is too large for any single unit to undertake a piece of work of this magnitude. The tourist,



now, must act upon his own responsibility—either taking his water supply with him from home or filling his container at a supply, the purity of which is unquestioned.



### **Palo Alto Issues**

#### **Annual Health Report.**

The Health Department of Palo Alto, Louis Olsen, Health Officer, has issued its report for the year ended December 31, 1924. The death rate for preventable causes, in Palo Alto, last year, was 2.18 per thousand population. The death rate for preventable causes in California in 1923 (latest year for which statistics are available) was 4.5 per thousand population. Had the Palo Alto death rate for preventable causes been 4.5 in 1924, no less than 33 persons would have died from these causes instead of the 16 persons who died of diseases belonging to the preventable group. Saving 17 lives is a redoubtable achievement and reflects great credit to the city and to the health department. This is not all that has been accomplished in Palo Alto, however.

There was a notable absence of cases of the more serious diseases in Palo Alto last year. There were no cases of smallpox, poliomyelitis or malaria and there was but one case of scarlet fever and only 32 cases of measles. Out of a total of 272 cases of disease reported, 173 were cases of chickenpox. The city has an estimated population of 7350. An active campaign of immunization against diphtheria was carried on, with the result that no cases of the disease appeared among the 394 children who were immunized.

The following activities, aside from the direct control of communicable diseases, were conducted: school inspection; infant welfare work; dairy inspection; sanitation of food producing and food dispensing establishments; laboratory examination of milk and water, as well as many diagnostic tests; sanitary inspection; health education and publicity. A total of 4240 laboratory tests were made by the department.

All of this work was accomplished at a cost of \$8,700—a per capita expenditure of \$1.18. In commenting upon the support accorded to the department the health officer states: "The support accorded the health department by the City Council in its budget allotments has made it possible to maintain its present standard. That public health is purchasable is proven by the fact that the city or state that spends most for health is usually the best place to live."

### **To Whom Do Cases of Communicable Disease Belong?**

Too often, persons who suffer from a communicable, reportable disease regard the case as their own personal property—not that they consider it a desirable asset but rather that they hold it to be no one's business but their own. The associates of many such persons assume a similar attitude, and some physicians and nurses also take the stand that the case of infectious, reportable disease belongs to the patient and his attendants and that it is no concern of any official or of the public. It is strange that such an idea can be tolerated in any community. If a fire breaks out, provided it is not a case of arson, no time is lost in calling the duly constituted official organization that deals with the suppression of fire. This organization responds with such speed that human life is often sacrificed in responding to the call. If a robber enters private property and is discovered, no time is lost in calling upon the duly constituted official organization that deals with crime. Fire and crime are commonly accepted as the property of the general public, but reportable disease; that is different.

If a dangerous fire occurs and the owner of the premises battles it unaided, secretly, he is regarded, generally, as insane. If the fire extends to adjoining property, causing a conflagration which covers a wide area, involving heavy property losses, the person who failed to call for help in subduing the original outbreak may be liable, in many places, to prosecution.

If a robber enters the home, is discovered by the owner, captured, subdued, allowed his freedom, secretly, with no report made to the police department, the owner places himself in a position where he may well be suspected of being a criminal himself.

If a case of infectious disease occurs in a family, a physician is called, a conspiracy of silence entered into by all concerned, there is a far greater potential danger of widespread loss of life than there is in the average fire or in the average crime. Concealing a case of dangerous communicable disease is a crime of first order and any community that knowingly tolerates the hiding of a condition that constitutes a menace to the health and life of its members, can have no excuse to offer if it finds itself in the clutches of a disastrous epidemic.

In some localities, business men believe that all reports of cases of communicable disease should be suppressed, as the un-



desirable publicity might hurt business. They do not hold the same opinion regarding fire and crime; that is, not always. There are instances where so-called "crime waves" have never been reported for the information of the public. Such a policy always results disastrously, however. Fire, crime and disease must be fought in the open, if the general public is to be protected against these dangers to life and property in civilized communities.

Cases of communicable disease constitute public property, just as do fires and crimes against society. The health department is organized to prevent and control communicable disease, just as fire and police departments are organized to prevent and control fire and crime. Failure to take proper procedure, through the local organization, for the control of reportable diseases, is as reprehensible as is failure to take the more generally recognized steps for the public control of crime and fire. This is not "socialism." It is government; the government of law and order under which we enjoy our rights to the pursuit of happiness, granted in the original Declaration of Independence.



### The Value of Clean Hands.

A Health Talk Radiocast from Station KGO, Oakland, March 7, 1925.

Dr. Ray Lyman Wilbur, President of Stanford University and retired President of the American Medical Association, in an address delivered recently before a convention of public health nurses, said:

"If I had to name one health measure which would be most effective in the control of the great transmissible diseases, I would say that a thorough washing of the hands, at least each time before food was taken, would be most effective."

It may seem strange to many persons that so simple a procedure as washing the hands before meals can be so effective in the prevention of disease, but it is a fact. Keeping the hands entirely away from the face is also an important factor in preventing the contraction of communicable disease. Unconsciously, everyone, many times every waking hour, places his fingers on his face. Watch yourself, in order to determine how often you rub your eyes with your fingers, scratch your chin or your neck or touch your lips and nose with your fingers. The frequency with which people finger their faces is often demonstrated by teachers

of hygiene. They instruct their students to place a harmless blue coloring material on their fingers and at the end of an hour every student's face is streaked and daubed with blue. Studies made by bacteriologists have revealed the discovery of many types of organisms upon human hands. Underneath the fingernails is a favorite lodging place for disease-producing bacteria. Keeping the fingernails clean is more than pure aesthetics; in addition to improving the personal appearance, it helps to keep one in good health.

The average surgeon, before performing an operation, spends at least ten minutes in washing and disinfecting his hands. He uses soap and hot water profusely, employing a scrub brush. His fingernails are carefully manicured and made surgically clean before he begins to operate. In well regulated contagious disease hospitals nurses are not permitted to touch even the patient's bed covers, without first washing their hands. For this purpose, wash-bowls provided with soap and hot water are placed at many convenient locations throughout the sick wards of the hospital.

Keeping the fingers away from the face and handling food with clean fingers only, are two very simple precautions for the maintenance of good health. The observance of these precautions will produce results in the prevention of disease, however, and are well worth heeding.



### Health Officers

#### Receive Appointments.

Dr. J. T. Christian of Galt has been appointed health officer of Sacramento County to succeed Dr. George H. Sanderson of Folsom.

Dr. E. W. Westphal has been appointed health officer of the newly incorporated city of Atherton, San Mateo County, post office Menlo Park.



### MORBIDITY.\*

#### Diphtheria.

120 cases of diphtheria have been reported, as follows: Los Angeles 29, San Francisco 14, Los Angeles County 10, Oakland 9, Burbank 6, Bakersfield 6, Glendale 2, Albany 2, Sacramento 2, Santa Rosa 1, Sonoma County 1, Fillmore 1, Salinas 4, San Diego County 1, Berkeley 1, Yolo County 4, Long Beach 2, Stockton 1, Lodi 1, San Joaquin County 4, Huntington Beach 3, Huntington Park 3, Whittier 3, Fresno County 1, San Mateo County 1, Maywood 1, Redondo Beach 3, Kern County 2, Lindsay 2.

#### Scarlet Fever.

169 cases of scarlet fever have been reported,

\*From reports received on March 9th and 10th for week ending March 7th.



as follows: Los Angeles 44, Long Beach 19, Los Angeles County 17, San Francisco 13, San Diego 11, Riverside 9, Oakland 6, Santa Barbara 5, Redlands 1, Stockton 4, San Bernardino County 2, Maywood 1, Santa Cruz County 1, Pomona 2, Huntington Park 3, Redondo Beach 1, Hawthorne 1, San Mateo County 2, Albany 1, Glendale 1, Fullerton 1, Solano County 2, Alameda 3, San Jose 4, San Diego County 1, Burlingame 1, Placer County 1, Redwood City 1, Elsinore 2, Santa Ana 3, Orange County 2, Colton 1, Kings County 2, Dixon 1.

#### Measles.

72 cases of measles have been reported, as follows: Los Angeles 21, Los Angeles County 15, San Francisco 12, Huntington Park 6, San Diego 4, Long Beach 1, Riverside 1, Tracy 1, Alhambra 1, Maywood 1, Alameda 1, Fillmore 4, San Diego County 1, Sacramento 1, Oakland 1, Santa Ana 1.

#### Smallpox.

141 cases of smallpox have been reported, as follows: Los Angeles 37, Oakland 8, Los Angeles County 17, Long Beach 6, San Diego 15, Fillmore 7, San Francisco 11, Santa Ana 5, Orange County 7, Redwood City 2, Sutter County 1, Yuba County 1, Roseville 1, National City 1, Santa Rosa 1, El Dorado County 1, Fullerton 4, Huntington Park 2, Glendora 1, Lassen County 2, Yuba City 2, Yuba County 1, Kern County 4, Marin County 1, Oxnard 3.

#### Typhoid Fever.

14 cases of typhoid fever have been reported,

as follows: Alameda County 1, Los Angeles 1, Pasadena 1, San Francisco 1, San Joaquin County 2, San Jose 1, Oakland 1, Kern County 2, California 4.

#### Whooping Cough.

270 cases of whooping cough have been reported, as follows: Los Angeles 45, San Francisco 37, San Diego 27, Los Angeles County 17, Corning 22, Lodi 16, Berkeley 8, Stockton 9, San Joaquin County 7, Hawthorne 8, San Luis Obispo County 6, Sonoma 8, Pasadena 6, Oakland 7, Long Beach 3, Tracy 2, Madera 1, Manteca 1, Hanford 3, Fresno 3, Riverside 4, Monrovia 2, Compton 1, South Gate 1, Whittier 1, Redondo 3, Fullerton 1, Palo Alto 1, Alameda 1, San Jose 2, Paso Robles 3, Watsonville 2, Salinas 2, Dinuba 2, Glendale 3, Sacramento 2, Santa Ana 2, Sacramento County 1.

#### Epidemic Meningitis.

2 cases of epidemic meningitis have been reported, as follows: Siskiyou County 1, Merced County 1.

#### Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Berkeley 2, Los Angeles 1.

#### Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: San Diego 1, Los Angeles 2.

### COMMUNICABLE DISEASE REPORT.

Disease	1925				1924			
	Week ending			Reports for week ending March 7 received by March 10	Week ending			Reports for week ending March 8 received by March 11
	Feb. 14	Feb. 21	Feb. 28		Feb. 16	Feb. 23	March 1	
Anthrax	0	0	0	0	0	0	0	0
Chickenpox	385	368	442	508	483	463	688	382
Diphtheria	138	126	122	120	285	229	274	251
Dysentery (Bacillary)	0	0	0	0	1	1	3	0
Epidemic encephalitis	1	1	2	3	2	3	3	2
Epidemic Meningitis	1	1	0	2	3	3	5	3
Gonorrhoea	132	211	105	68	173	75	103	88
Influenza	91	160	113	120	36	25	49	44
Leprosy	0	0	1	0	0	1	0	0
Malaria	1	1	0	1	1	2	2	0
Measles	38	60	49	72	986	1,367	1,606	1,395
Mumps	163	248	222	236	55	39	90	65
Plague	0	0	0	0	0	0	0	0
Pneumonia	151	95	81	54	83	61	285	65
Poliomyelitis	5	3	2	4	1	2	0	2
Scarlet Fever	151	151	146	169	283	294	289	297
Smallpox	164	184	183	141	295	383	366	247
Syphilis	123	212	137	123	178	106	127	125
Tuberculosis	254	288	132	191	228	169	228	253
Typhoid Fever	6	8	3	14	22	32	29	78
Whooping Cough	211	151	240	270	38	155	105	58
Totals	2015	2268	1980	2096	3153	3410	4252	3355

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